

April 2, 2012

**UNITED STATES BANKRUPTCY COURT  
SOUTHERN DISTRICT OF NEW YORK**

-----X	
In re	:
	:
MOTORS LIQUIDATION COMPANY, <i>et al.</i> ,	:
f/k/a General Motors Corp., <i>et al.</i>	:
	:
Debtors.	:
	:
-----X	

Chapter 11 Case No.  
09-50026 (REG)  
(Jointly Adminstered)

**RESPONSE TO NOTICE OF 269<sup>th</sup> OMNIBUS OBJECTION TO CLAIMS**  
**(Insufficient Documentation)**

To Whom It May Concern:

The Claimant in the aforementioned case:

Claim # 14448  
Margaret Hawley  
7 Avenrowe Court  
Fairless Hills, PA 19030  
(215) 295-5703

Hereby objects to the request for her claim to be disallowed and expunged for insufficient documentation. Attached is all related documentation supporting her claim, as well as the following statement from the Claimant:

***On December 25, 2007, while driving to church on Christmas morning, a car went through a red light at the intersection of Olds Boulevard and Trenton Road and demolished my car. My air bag did not deploy, resulting in severe injuries to my head, neck, chest, back, knee, and foot. I was taken by ambulance to the hospital and spent three years rehabilitating my injuries. I still have not made a full recovery, and the extent of my injuries are a direct result of the airbag malfunctioning.***

Margaret Hawley  
7 Avenrowe Ct.  
Fairless Hls, PA 19030



AA 500 1 Case Closed ☐ Yes ☐ No Reportable Crash ☒ Yes ☐ No  
01 07-17499 P1411756

Police Agency Data  
Incident Number: 07359-100-02 Police Agency: 09208 Patrol Zone: 3  
Agency Name: Falls Top Precinct: 34 Investigation Date (MM-DD-YYYY): 12-25-2007  
Dispatch Time (min): 1144 Arrival Time (min): 1150 Investigator: THOMAS Badge Number: 100  
Reviewer: CHRISTOPHER CARR Badge Number: 00074 Approval Date (MM-DD-YYYY): 12-25-2007

Crash Data  
County: 09 County Name: Bucks Municipality: 208 Municipality Name: FALLS Day of Week: ☐ Sun ☐ Thu ☐ Mon ☐ Fri ☒ Tue ☐ Sat ☐ Wed ☐ Unk  
Crash Date (MM-DD-YYYY): 12-25-2007 Crash Time (min): 1144 No of Units: 02 People: 02 Injured: 02 Killed\*: ☐ \*If > 00 complete Form F  
Workzone (If Yes, Complete Form M, Section 29) ☐ Yes ☒ No School Bus Related ☐ Yes ☒ No School Zone Related ☐ Yes ☒ No Notify PENNDOT Maintenance ☐ Yes ☒ No

Loc Type  
Intersection Type: ☒ 4 Way Intersection ☐ "Y" Intersection ☐ Multi-Leg Intersection ☐ Off Ramp ☐ Railroad Crossing  
☐ Midblock ☐ "T" Intersection ☐ Traffic Circle/Round About ☐ On Ramp ☐ Crossover ☐ Other  
\*Special Location: ☐ \* See Overlay

Principal Road  
Route Number: Segment (Optional): Travel Lanes: 01 Speed Limit: 35  
Street Name: TRENTON Street Ending: RD Orientation: ☐ North ☐ South ☐ East ☐ West ☐ Unknown  
Route Signing: ☐ Interstate (Not Turnpike) ☐ Turnpike (East/West) ☐ Turnpike Spur ☒ State Highway ☐ County Road ☐ Local Road or Street ☐ Private Road ☐ Other/Unknown  
House Number (if applicable): ☐ For Mid-block crashes only. Use postal House Number and make sure Principal Roadway Street Name is filled in if using this option.

Intersecting Road  
Route Number: Segment (Optional): Travel Lanes: 01 Speed Limit: 25  
Street Name: N OLDS Street Ending: BL Orientation: ☐ North ☐ South ☐ East ☐ West ☐ Unknown  
Route Signing: ☐ Interstate (Not Turnpike) ☐ Turnpike (East/West) ☐ Turnpike Spur ☐ State Highway ☐ County Road ☒ Local Road or Street ☐ Private Road ☐ Other/Unknown

Distance From Landmark  
Please Enter Information for BOTH Landmarks if Using This Option  
Landmark 1: Intersecting Rt Num Or Mile Post: Or Segment Marker: St Ending: Ramp Use Only: ☐ North ☐ South ☐ East ☐ West Feet: ☐ Or Miles: ☐  
Landmark 2: Intersecting Rt Num Or Mile Post: Or Segment Marker: St Ending: Ramp Use Only: ☐ North ☐ South ☐ East ☐ West Distance From Crash Scene to Landmark 1 (For Crash between Landmark 1 and Landmark 2)

GPS  
Latitude: Degrees: Minutes: Seconds: Longitude: Degrees: Minutes: Seconds:

TCD  
Traffic Control Device: ☐ Not Applicable ☒ Traffic Signal ☐ Yield Sign ☐ Police Officer or Flagman ☐ Active RR Crossing Controls ☐ Other Type TCD  
☐ Flashing Traffic Signal ☐ Stop Sign ☐ Passive RR Crossing Controls ☐ Unknown  
TCD Functioning: ☐ No Controls ☐ Device Functioning Improperly ☐ Emergency Preemptive Signal  
☐ Device Not Functioning ☒ Device Functioning Properly ☐ Unknown

Lane Closure  
Lane Closed (If "Not Applicable", skip rest of the Lane Closure section): ☐ Not Applicable ☒ Partially ☐ Fully ☐ Unknown Lane Closure Direction: ☐ North ☐ East ☐ North and South ☒ All (N,S,E,W)  
☐ South ☐ West ☐ East and West  
Traffic Detoured: Yes ☒ No ☐ Unknown Est. Time Closed: ☐ < 30 Min. ☒ 30-60 Min. ☐ 1-3 hrs ☐ 3-6 hrs ☐ 6-9 hrs ☐ > 9 hours ☐ Unknown



AA 500 2

Police Use Only

07359-100-02

Page:

02

P1411756

Unit Info	<b>Type</b> <input checked="" type="checkbox"/> Motor Vehicle in Transport <input type="checkbox"/> Hit & Run Vehicle <input type="checkbox"/> Illegally Parked <input type="checkbox"/> Legally Parked <input type="checkbox"/> Non-Motorized <input type="checkbox"/> Pedestrian <input type="checkbox"/> Pedestrian on Skates, in Wheelchair, etc. <input type="checkbox"/> Disabled from Previous Crash <input type="checkbox"/> Train <input type="checkbox"/> Phantom Vehicle <small>(If "Pedestrian" or "Pedestrian on Skates, in Wheelchair, etc.", Complete Form M, Section 28)</small>		<b>Commercial Vehicle</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <small>(If Yes, Complete Form C)</small>	
	<small>(If "Pedestrian" or "Pedestrian on Skates, in Wheelchair, etc.", Complete Form M, Section 28)</small>			
Vehicle Driver / Pedestrian Information	<b>Unit No.</b> <div style="border: 1px solid black; padding: 2px;">01</div>		<b>First Name</b> <div style="border: 1px solid black; padding: 2px;">M I L D R E D</div>	
	<b>Last Name</b> <div style="border: 1px solid black; padding: 2px;">B O E C K E R</div>		<b>Date of Birth (MM-DD-YYYY)</b> <div style="border: 1px solid black; padding: 2px;">F 1 7 9 6 1 9 0 0</div>	
	<b>Address / City / State</b> <div style="border: 1px solid black; padding: 2px;">835 Edmond St. Fairless Hills, PA</div>		<b>Zip</b> <div style="border: 1px solid black; padding: 2px;">1 9 0 3 0</div>	
	<b>Driver License Number</b> <div style="border: 1px solid black; padding: 2px;">0 8 9 7 3 6 6 9</div>		<b>State</b> <b>Class</b> <div style="border: 1px solid black; padding: 2px;">PA CA</div>	
	<b>Alcohol/Drugs Suspected</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Illegal Drugs <input type="checkbox"/> Medication <input type="checkbox"/> Alcohol <input type="checkbox"/> Alcohol and Drugs <input type="checkbox"/> Unknown		<b>Driver or Pedestrian Physical Condition</b> <input checked="" type="checkbox"/> Apparently Normal <input type="checkbox"/> Illegal Drug Use <input type="checkbox"/> Fatigue <input type="checkbox"/> Medication <input type="checkbox"/> Had Been Drinking <input type="checkbox"/> Sick <input type="checkbox"/> Asleep <input type="checkbox"/> Unknown	
	<b>Alcohol Test Type</b> <input checked="" type="checkbox"/> Test Not Given <input type="checkbox"/> Breath <input type="checkbox"/> Other <input type="checkbox"/> Blood <input type="checkbox"/> Urine <input type="checkbox"/> Unknown if Test Given		<b>Primary Vehicle Code Violation</b> <div style="border: 1px solid black; padding: 2px;">R-2 1st</div>	
	<b>Alcohol Test Results</b> <div style="border: 1px solid black; padding: 2px;">0 +</div> <input type="checkbox"/> Test Refused <input type="checkbox"/> Unknown Results <input type="checkbox"/> Test Given, Contaminated Results		<b>Driver Presence</b> <input checked="" type="checkbox"/> 1-Driver Operated Vehicle <input type="checkbox"/> 3-Driver Flew Scene <input type="checkbox"/> 2-No Driver <input type="checkbox"/> 4-Hit and Run <input type="checkbox"/> 9-Unknown	
	<b>Owned/Driver</b> <div style="border: 1px solid black; padding: 2px;">01</div>		<b>Owner First Name</b> <div style="border: 1px solid black; padding: 2px;"></div>	
	<b>Owner Last Name or Business Name (If Pedestrian, skip this Section)</b> <div style="border: 1px solid black; padding: 2px;"></div>			
	<b>Address / City / State / Zip</b> <div style="border: 1px solid black; padding: 2px;"></div>		<b>Vehicle Make</b> <b>*Make Code</b> <div style="border: 1px solid black; padding: 2px;">Oldsmobile 21</div>	
<b>VIN</b> <div style="border: 1px solid black; padding: 2px;">1 G 3 N L 1 2 E 1 V K 3 5 0 2 6 0</div>		<b>Model Year</b> <div style="border: 1px solid black; padding: 2px;">2 0 0 0</div>		
<b>License Plate</b> <div style="border: 1px solid black; padding: 2px;">D B T 0 3 5 5</div>		<b>Reg. State</b> <b>Est. Speed</b> <div style="border: 1px solid black; padding: 2px;">PA</div>		
<b>Insurance</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		<b>Insurance Company</b> <b>Policy No</b> <div style="border: 1px solid black; padding: 2px;">State Farm 333 8049-301-38 P</div>		
<b>Trailing Unit</b> <input type="checkbox"/> No. of Trailing Units: <div style="border: 1px solid black; padding: 2px;">0</div>		<b>Type Unit</b> <input type="checkbox"/> 1-Towing Pass. Veh <input type="checkbox"/> 4-Mobile Modular Home <input type="checkbox"/> 7-Semi-Trailer <input type="checkbox"/> 2-Towing Truck <input type="checkbox"/> 5-Camper <input type="checkbox"/> 8-Other <input type="checkbox"/> 3-Towing Utility Trailer <input type="checkbox"/> 6-Fall Trailer <input type="checkbox"/> 9-Unknown		
<b>Direction of Travel</b> <div style="border: 1px solid black; padding: 2px;">E</div>		<b>*Vehicle Position</b> <b>*Movement</b> <div style="border: 1px solid black; padding: 2px;">01 01</div>		
<b>Vehicle Color</b> <div style="border: 1px solid black; padding: 2px;">02</div>		<b>Vehicle Type</b> <div style="border: 1px solid black; padding: 2px;">01</div>		
<b>Vehicle Color Legend</b> 01=Blue 06=Yellow 02=Red 07=Silver 03=White 08=Gold 04=Green 09=Brown 05=Black 10=Orange 11=Purple 12=Other 99=Unknown		<b>Vehicle Type Legend</b> 01=Automobile 05=Large Truck 20=Unicycle, Bicycle, Tricycle 02=Motorcycle 06=SUV 21=Other Pedalcycle 03=Bus 07=Van 22=Horse & Buggy 04=Small Truck 08=Snowmobile 23=Horse & Rider 11=Farm Equip 12=Construction Equip 24=Train 13=ATV 14=Other Type Spec Veh 25=Trolley 15=Unknown 16=Other Type Spec Veh 99=Unknown		
<b>Initial Impact Point</b> <div style="border: 1px solid black; padding: 2px;">09</div>		<b>Damage Indicator</b> <div style="border: 1px solid black; padding: 2px;">3</div>		
<b>Initial Impact Point Legend</b> 00=Non-Collision 14=Undercarriage 01-12=Clock Points 15=Towed Unit 13=Top 99=Unknown		<b>Gradient</b> <div style="border: 1px solid black; padding: 2px;">1</div>		
<b>Initial Impact Point Legend</b> 00=Non-Collision 14=Undercarriage 01-12=Clock Points 15=Towed Unit 13=Top 99=Unknown		<b>Gradient Legend</b> 1=Level 3=Downhill 2=Uphill 4=Bottom of Hill 5=Top of Hill 9=Unknown		
<b>Initial Impact Point Legend</b> 00=Non-Collision 14=Undercarriage 01-12=Clock Points 15=Towed Unit 13=Top 99=Unknown		<b>Road Alignment</b> <div style="border: 1px solid black; padding: 2px;">1</div>		
<b>Initial Impact Point Legend</b> 00=Non-Collision 14=Undercarriage 01-12=Clock Points 15=Towed Unit 13=Top 99=Unknown		<b>Road Alignment Legend</b> 1=Straight 2=Curved 9=Unknown		

AA 500 2

Police Use Only

07559-100-03

03

P 1411756

Unit Info	<b>Type</b> <input checked="" type="checkbox"/> Motor Vehicle in Transport <input type="checkbox"/> Pedestrian		<input type="checkbox"/> Hit & Run Vehicle <input type="checkbox"/> Pedestrian on Streets, in Wheelchair, etc.		<input type="checkbox"/> Illegally Parked <input type="checkbox"/> Disabled from Previous Crash		<input type="checkbox"/> Legally Parked <input type="checkbox"/> Train		<input type="checkbox"/> Non-Motorized <input type="checkbox"/> Phantom Vehicle		<b>Commercial Vehicle</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (If Yes, Complete Form C)	
	(If "Pedestrian" or "Pedestrian on Streets, in Wheelchair, etc", Complete Form M, Section 28)											
	<b>Unit No.</b> 02		<b>First Name</b> MARGARET				<b>MI</b> M		<b>Date of Birth (MM-DD-YYYY)</b> 08/07/1936			
	<b>Delete?</b> <input type="checkbox"/>		<b>Last Name</b> HAWLEY				<b>Telephone Number</b> 215-295-5703					
	<b>Address / City / State</b> 7 Avenue Lt. Fearless Hills, PA										<b>Zip</b> 19030	
	<b>Driver License Number</b> 20063983								<b>State</b> PA		<b>Class</b> C	
	<b>Alcohol/Drugs Suspected</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Alcohol <input type="checkbox"/> Illegal Drugs <input type="checkbox"/> Alcohol and Drugs <input type="checkbox"/> Medication <input type="checkbox"/> Unknown						<b>Driver or Pedestrian Physical Condition</b> <input checked="" type="checkbox"/> Apparently Normal <input type="checkbox"/> Had Been Drinking <input type="checkbox"/> Illegal Drug Use <input type="checkbox"/> Sick <input type="checkbox"/> Fatigue <input type="checkbox"/> Asleep <input type="checkbox"/> Medication <input type="checkbox"/> Unknown					
	<b>Alcohol Test Type</b> <input checked="" type="checkbox"/> Test Not Given <input type="checkbox"/> Blood <input type="checkbox"/> Breath <input type="checkbox"/> Urine <input type="checkbox"/> Other <input type="checkbox"/> Unknown if Test Given						<b>Primary Vehicle Code Violation</b> N/A					
	<b>Alcohol Test Results</b> 01 + <input type="checkbox"/> Test Refused <input type="checkbox"/> Test Given, Contaminated Results <input type="checkbox"/> Unknown Results						<b>Driver Presence</b> 1 <input type="checkbox"/> 1=Driver Operated Vehicle <input type="checkbox"/> 2=No Driver <input type="checkbox"/> 3=Driver Fled Scene <input type="checkbox"/> 4=Hit and Run <input type="checkbox"/> 9=Unknown					
	<b>Owned/Driver</b> 01 <input type="checkbox"/> 00=Not Applicable <input type="checkbox"/> 01=Private Vehicle Owned/Leased by Driver <input type="checkbox"/> 02=Private Vehicle Not Owned/Leased by Driver <input type="checkbox"/> 03=Rented Vehicle <input type="checkbox"/> 04=State Police Vehicle <input type="checkbox"/> 05=FBI/DOJ Vehicle <input type="checkbox"/> 06=Other State Gov Veh <input type="checkbox"/> 07=Municipal Police Veh <input type="checkbox"/> 08=Other Municipal Government Vehicle <input type="checkbox"/> 09=Federal Gov Veh <input type="checkbox"/> 99=Other <input type="checkbox"/> 99=Unknown											
Vehicle Driver / Pedestrian Information	<b>Same as Driver</b> <input checked="" type="checkbox"/>		<b>Owner First Name</b>				<b>Owner Last Name or Business Name (If Pedestrian, skip this Section)</b>					
	<b>Address / City / State / Zip</b>											
	<b>VIN</b> 2G1WF52E5Y9115766						<b>Model Year</b> 2000		<b>Vehicle Make</b> Chrysler			
	<b>License Plate</b> DZ W2534						<b>Reg. State</b> PA		<b>Est. Speed</b>		<b>Vehicle Towed</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
	<b>Insurance</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown						<b>Insurance Company</b> AIA				<b>Policy No</b> 583 8787	
	<b>Trailing Unit</b> No. of Trailing Units: 0		<b>Type Unit</b>		1=Towing Pass. Veh 2=Towing Truck 3=Towing Utility Trailer		4=Mobile/Modular Home 5=Camper 6=Full Trailer		7=Semi-Trailer 8=Other 9=Unknown		<b>Tag No</b> <b>Tag Year</b> <b>Tag St</b>	
	<b>Direction of Travel</b> 5		<b>*Vehicle Position</b> 01		<b>*Movement</b> 01		<b>*See Overlay</b>		<b>Special Usage</b> 00 <input type="checkbox"/> 00=Not Applicable <input type="checkbox"/> 01=Fire Veh <input type="checkbox"/> 02=Ambulance <input type="checkbox"/> 03=Police <input type="checkbox"/> 08=Other Emergency Vehicle <input type="checkbox"/> 11=Pupil Transport <input type="checkbox"/> 12=Commercial Passenger Carrier <input type="checkbox"/> 13=Taxi <input type="checkbox"/> 21=Tractor Trailer <input type="checkbox"/> 22=Tractor Trailer <input type="checkbox"/> 23=Triple Trailer <input type="checkbox"/> 31=Modified Veh <input type="checkbox"/> 99=Unknown			
	<b>Vehicle Color</b> 12 <input type="checkbox"/> 01=Blue <input type="checkbox"/> 02=Red <input type="checkbox"/> 03=White <input type="checkbox"/> 04=Green <input type="checkbox"/> 05=Black		<b>Vehicle Type</b> 01 <input type="checkbox"/> 01=Automobile <input type="checkbox"/> 02=Motorcycle <input type="checkbox"/> 03=Bus <input type="checkbox"/> 04=Small Truck <input type="checkbox"/> 05=Large Truck <input type="checkbox"/> 06=SUV <input type="checkbox"/> 07=Van <input type="checkbox"/> 10=Snowmobile <input type="checkbox"/> 11=Farm Equip <input type="checkbox"/> 12=Construction Equip <input type="checkbox"/> 13=ATV <input type="checkbox"/> 18=Other Type Spec Veh <input type="checkbox"/> 19=Link Type Spec Veh		<b>Vehicle Type</b> 20=Unicycle, Bicycle, Tricycle <input type="checkbox"/> 21=Other Pedalcycle <input type="checkbox"/> 22=Horse & Buggy <input type="checkbox"/> 23=Horse & Rider <input type="checkbox"/> 24=Train <input type="checkbox"/> 25=Trolley <input type="checkbox"/> 98=Other <input type="checkbox"/> 99=Unknown							
	<b>Initial Impact Point</b> 12 <input type="checkbox"/> 00=Non-Collision <input type="checkbox"/> 01-12=Clock Points <input type="checkbox"/> 13=Top		<b>Damage Indicator</b> 3 <input type="checkbox"/> 0=More 2=Functional <input type="checkbox"/> 1=Minor 3=Disabling <input type="checkbox"/> 9=Unknown		<b>Gradient</b> 1 <input type="checkbox"/> 1=Level <input type="checkbox"/> 2=Uphill <input type="checkbox"/> 3=Downhill <input type="checkbox"/> 4=Bottom of Hill <input type="checkbox"/> 5=Top of Hill <input type="checkbox"/> 9=Unknown		<b>Road Alignment</b> 1 <input type="checkbox"/> 1=Straight <input type="checkbox"/> 2=Curved <input type="checkbox"/> 9=Unknown					

People Information		Person Data		Seat Position		Safety Equipment One:		Ejection:		
A	Person Type:	1=Driver	2=Passenger	7=Pedestrian	8=Other	9=Unknown				
	Sex:									
	F = Female									
	M = Male									
	U = Unknown									
B										
C	Injury Severity:									
	0=Not Injured									
	1=Killed									
	2=Major Injury									
	3=Moderate Injury									
	4=Minor Injury									
	8=Injury, Link Severity									
	9=Unknown if Injury									
D	Seat Position:									
	00=Not A Passenger/Occupant									
	01=Driver - All Vehicles									
	02=Front Seat Middle Position									
	03=Front Seat Right Side									
	04=Second Row - Left Side Or Motorcycle Passenger									
	05=Second Row - Middle Position									
	06=Second Row - Right Side									
	07=Third Row Or Greater - Left Side									
	08=Third Row Or Greater - Middle Position									
	09=Third Row Or Greater - Right Side									
	10=Sleeper Section Of Truckcab									
	11=In Other Enclosed Passenger Or Cargo Area									
	12=In Open Area (Back Of Pickup, Etc.)									
	13=Trailing Unit									
	14=Riding On Vehicle Exterior									
	15=Bus Passenger									
	99=Other									
	99=Unknown									
E	Safety Equipment One:									
	00=None Used / Not Applicable									
	01=Shoulder Belt Used									
	02=Lap Belt Used									
	03=Lap And Shoulder Belt Used									
	04=Child Safety Seat Used									
	05=Motorcycle Helmet Used									
	06=Motorcycle Helmet Used									
	10=Safety Belt Used Improperly									
	11=Child Safety Seat Used Improperly									
	12=Helmet Used Improperly									
	90=Restraint Used, Type Unknown									
	99=Unknown									
F	Safety Equipment Two:									
	00=None Used / Not Applicable									
	01=Front Air Bag Deployed (For This Seat)									
	02=Side Air Bag Deployed (For This Seat)									
	03=Other Type Air Bag Deployed									
	04=Multiple Air Bags Deployed									
	05=Motorcycle Eye Protection									
	06=Bicyclist Wearing Elbow/Knee/Pads									
	10=Air Bag Not Deployed, Switch On									
	11=Air Bag Not Deployed, Switch Off									
	12=Air Bag Not Deployed, Link Switch Setting									
	13=Air Bag Removed (Prior To Crash)									
	19=Unknown If Air Bag Deployed									
	99=Unknown									
G	Ejection:									
	0=Not Ejected / Not Applicable									
	1=Not Ejected									
	2=Totally Ejected									
	3=Partially Ejected									
	9=Unknown									
H	Ejection Point:									
	0=Not Ejected / Not Applicable									
	1=Through Side Door Opening									
	2=Through Side Window									
	3=Through Windshield									
	4=Through Back Door									
	5=Through Back Door Tailgate Opening									
	6=Through Roof Opening (Sunroof/Convertible Top Down)									
	7=Through Roof Opening (Convertible Top Up)									
	9=Unknown									
I	Extraction:									
	0=Not Applicable									
	1=Not Extricated									
	2=Extricated By Mechanical Means									
	3=Freed By Non-Mechanical Means									
	9=Other									
	9=Unknown									

EMS Agency:	<i>Mentivik</i>	Medical Facility:	<i>ST. Mary's</i>
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Unit No	Person No	Delete?	Date of Birth (MM-DD-YYYY)	A	B	C	D	E	F	G	H	I
<i>01</i>	<i>01</i>	<input type="checkbox"/>	<i>12-26-1922</i>									

AA 500 4

Police Use Only

07359-100-02

Pg 6

05

P1411756

Crash Number

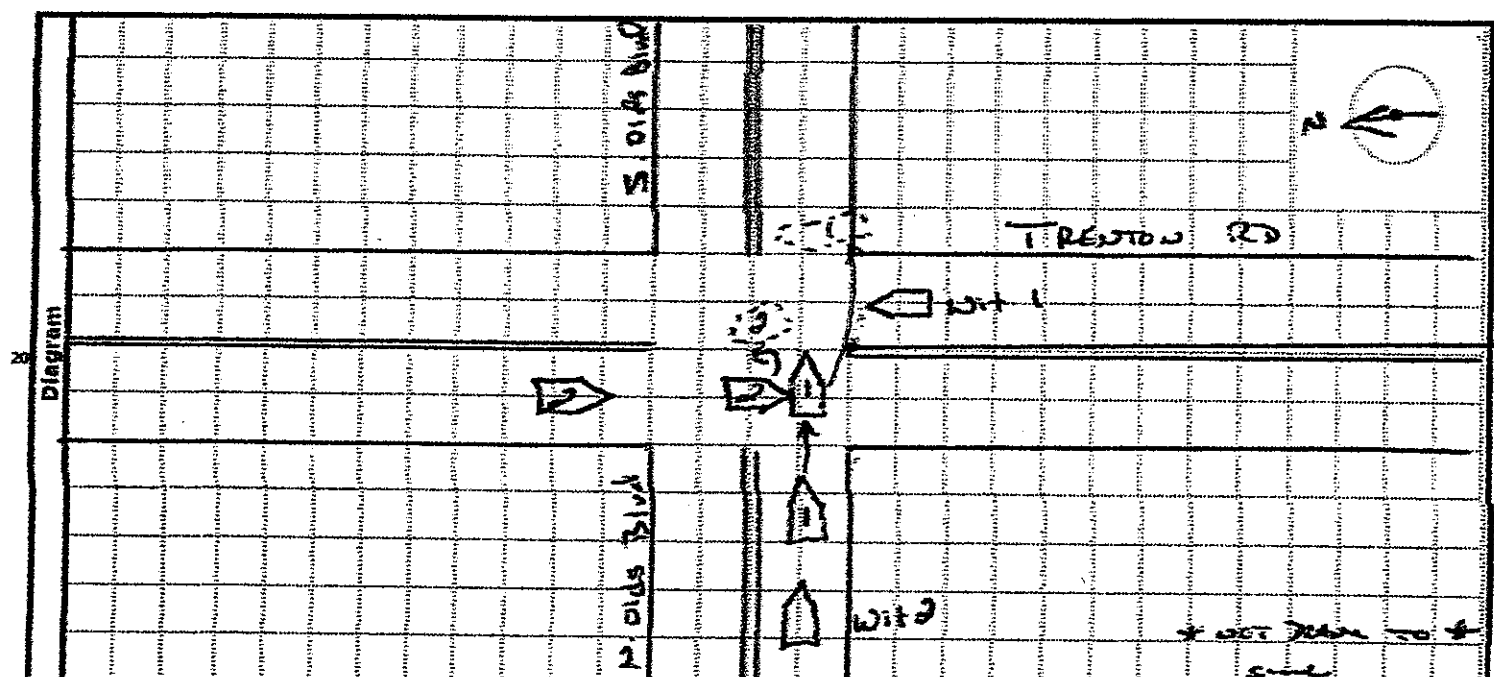
General Crash Information		Crash Description		1-Non-Collision		2-Head On		4-Angle		6-Sideswipe		8-Hit Pedestrian	
		9		1-Rear End		3-Rear to Rear (Backing)		5-Sideswipe (Same Direction)		7-Hit Fixed Object		9-Other/Unknown	
		1		1-On Travel Lanes		3-Median		5-Outside Trafficway		7-Core (Ramp Intersection)			
				2-Shoulder		4-Roadside		6-In Parking Lane		9-Unknown			
		1		1-Daylight		3-Dark - Street Lights		5-Dawn		7-Dark - Unknown Roadway Lighting		8-Other	
				2-Dark - No Street Lights		4-Dusk		6-Rain & Fog		8-Other			
		1		1-No Adverse Conditions		3-Sleet (Hail)		5-Fog		7-Sleet & Fog		9-Unknown	
				2-Rain		4-Snow		6-Rain & Fog		8-Other			
		0		0-Dry		2-Sand, Mud, Dirt, Oil		4-Slush		6-Ice Patches		8-Other	
				1-Wet		3-Snow Covered		5-Ice		7-Water - Standing or Moving			
Unit(s) Event Information		Harm Event L/R Most? Utility Pole Number		Harmful Events (Harm Event)									
		Unit No 1 12 L 0		01-Hit Unit 1									
		01 2 27 R 0		02-Hit Unit 2									
		Please Put Events in Sequential Order		03-Hit Unit 3									
		Unit No 1 01		04-Hit Unit 4									
		02 2		05-Hit Unit 5									
		Please Put Events in Sequential Order		06-Hit Other Traffic Unit									
		Unit No 1 01		07-Hit Deer									
		02 2		08-Hit Other Animal									
		Please Put Events in Sequential Order		09-Collision With Other Non Fixed Object									
		Unit No 1 01		10-Struck By Unit 1									
		02 2		11-Struck By Unit 2									
		Please Put Events in Sequential Order		12-Struck By Unit 3									
		Unit No 1 01		13-Struck By Unit 4									
		02 2		14-Struck By Unit 5									
		Please Put Events in Sequential Order		15-Struck By Other Traffic Unit									
		Unit No 1 01		16-Hit Tree Or Shrubbery									
		02 2		17-Hit Embankment									
		Please Put Events in Sequential Order		18-Hit Utility Pole									
		Unit No 1 01		19-Hit Traffic Sign									
		02 2		20-Hit Guard Rail									
		Please Put Events in Sequential Order		21-Hit Concrete Or Structural Barrier									
		Unit No 1 01		22-Hit Driveway									
		02 2											
		Please Put Events in Sequential Order											
		Unit No 1 01											
		02 2											
		Please Put Events in Sequential Order											
		Unit No 1 01											
		02 2											
		Please Put Events in Sequential Order											
		Unit No 1 01											
		02 2											
		Please Put Events in Sequential Order											
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		Unit No 1 01											
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Police Use Only  
07358-100-02

06

P1411756



Witness Name	Address	Phone
1 Bill Nahr	350 Trenton Rd. Fairless Hills, Pa. 19030	215-547-6693
2 Christina Nicols	323 Trenton Rd. Fairless Hills, Pa. 19030	215-267-825-367

Narrative and additional witnesses: Accident Investigation Notification Issued? ☐ Property Damage ☐

Unit 1 states she does not recall what happened, just that she was hit.

Unit 2 states that she was driving SB on Trenton Rd. Her light was green & when she was entering the intersection Unit 1 came from her right through the red light.

Wit 1 stated that he was at the intersection on Trenton Rd N Olds Blvd. The light on N Olds / S Olds was red. The opposite direction of Trenton Rd. had the green light / arrow. Unit 2 was traveling on Trenton Rd. approaching the intersection. Unit 1 was traveling on N Olds toward Trenton Rd. Unit 1 went through the red light & Unit 2 struck Unit 1.

Wit 2 stated she was driving a bit behind Unit 1. She states that she was slowing up for the red light on N Olds Blvd. & Unit 1 went through the light.



## Confirmation Report - Memory Send

Pg 8 of 8

Date &amp; Time: Dec-27-2007 02:32pm

Tel line : +21542811201

Machine ID : WACHOWIA

Job number : 907

Date & Time : Dec-27 02:30pm

To : 918667434827

Number of pages : 006

Start time : Dec-27 02:30pm

End time : Dec-27 02:32pm

Pages sent : 006

Status : OK

Job number : 907

\*\*\* SEND SUCCESSFUL \*\*\*

COMMONWEALTH OF PENNSYLVANIA POLICE CRASH REPORTING FORM									
Case Closed <input type="checkbox"/> Yes <input type="checkbox"/> No					Reportable Crash <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
AA 500 1					Page 07-17499 P1411756				
Incident Number 07-357-100-00					Police Agency 09208				
Agency Name FALLS TWP					Investigation Date (MM-DD-YYYY) 12-25-2007				
Dispatch Time (mm) 11:54					Arrival Time (mm) 11:50				
Investigator T. HARRIS					Badge Number 100				
Reviewer CHRISTOPHER DUEK					Approval Date (MM-DD-YYYY) 12-25-2007				
County Bucks					Municipality FALLS				
Crash Date (MM-DD-YYYY) 12-25-2007					Crash Time (mm) 11:47				
No of Units 02					People Injured 02				
Workzone <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					School Bus <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Intersection Type <input checked="" type="checkbox"/> 4 Way Intersection					Other <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Route Number					Segment (Optional)				
Street Name TRENTON					Street Ending 01 35				
Route Signing <input type="checkbox"/> Interstate <input type="checkbox"/> Turnpike					Other <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Route Number					Segment (Optional)				
Street Name N OLD ST					Street Ending 01 25				
Route Signing <input type="checkbox"/> Interstate <input type="checkbox"/> Turnpike					Other <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Distance From Landmark					Distance From Landmark				
Latitude					Longitude				
Traffic Control Device					TCD Functioning				
Lane Closure					Lane Closure				